The Habit

ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
1539 11TH AVENUE, HELENA, MONTANA 59620
(406) 449-2827

FEBRUARY/MARCH, 1983

PILOT STUDY ADDRESSES THE PROBLEM OF AMA DISCHARGES

A research study conducted by Lynn Stott of the Rimrock Foundation in Billings has found that AMA discharges can be related to day of the week, length of stay and family involvement which includes the occurrence of a formal intervention prior to admission. The research also indicates that AMA discharges appear to be related to only two demographic factors: referral source at admission and age.

The pilot study suggests that "possible solutions to the problem of discharges against medical advice could include increased emphasis on treatment for family members of the chemically dependent and implementing formal intervention as part of every patient's treatment program."

Lynn delivered a report on this research study to the Hazelden fall conference in Minneapolis. The study has attracted national attention and was written up in The Alcoholism Report, January 31, 1983.

As stated in the abstract of this study "improving quality of care is the concern of every professional in the field of chemical dependency. The problem of discharges against medical advice (AMA) is a challenge to the quality of care being delivered in treatment centers across the country." Anyone wishing further information about the study findings may contact: Lynn Stott, Rimrock Foundation, 801 North 27th Street, Billings, MT 59102, (406) 248-3175.

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CERTIFICATION = FUNDING IN FY84-85

Although it is too early in the legislative session to be certain, it appears the Department recommendations for funding will be approved.

Based on our current estimates of liquor, beer and wine tax revenue less appropriations the amount that would be distributed to counties on the 85/15 formula for approved programs would be $1,743,471 in FY84 and $1,828,212 in FY85.

With the Department recommending that there be no earmarked funding appropriated for discretionary grants the only discretionary funding available in FY84 and 85 will be Federal Block grant funds.

While the Department has not yet developed any criteria for discretionary funding and will not until the legislative session is over it is very unlikely that any program that has not complied with certification requirements as listed in 20.3.209 Administrative Rules of Montana would be eligible for discretionary monies.

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NIAAA REAFFIRMS COMMITMENT TO WOMEN

William Mayer, MD, Acting Director of NIAAA, has designated Dr. Lois Chatham to serve as the Institute's focal point for issues concerning women. Dr. Mayer points out that as Acting Director of the Division of Extramural Research, Dr. Chatham is "in an excellent position to encourage research into the etiology, treatment and prevention of alcohol-related problems. Since Dr. Chatham has always been an advocate for women's concerns, her transition to this role should prove to be a smooth one."

Dr. Chatham may be contacted at: Parklawn Building, Room 14C-10, 5600 Fishers Lane, Rockville, MD 20857.

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HISTORY NOTE

Just for your information, below is a history of the number of approved alcohol programs and contracts issued by the Department of Institutions each fiscal year.

Fiscal Year	Number of Approved Programs*	Number of Contracts
1976	21	13
1977	21	20
1978	29	26
1979	38	29
1980	36	22
1981	32	20
1982	30	17
1983	28	18

*Does not include correctional or drug programs.

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EFFECT OF MARIJUANA SMOKING ON FETAL GROWTH

Researchers at Boston City Hospital report the first extensive clinical study of the effect of marijuana smoking on fetal growth and development.[1] The study of 1,690 mother/baby pairs was initiated to assess the impact of maternal alcohol consumption on fetal development.

However, the researchers were surprised to find that marijuana use had significant numbers of alcohol-related abnormalities.

Both tobacco and marijuana smoking increased the incidence of low birth weights, especially when combined with alcohol use. Moreover, among the 17% of the mothers who smoked marijuana, the study found a five-fold increase in babies exhibiting abnormalities originally associated with the Fetal Alcohol Syndrome. Though more large-scale clinical studies are needed to measure the extent of the Marijuana Fetal Syndrome, the Boston findings reinforce the concerns already raised by animal studies and by Fried's report on marijuana-related disturbances of the central nervous system in human newborns.

[1]Hingson, et al, "Effects of Maternal Drinking and Marijuana Use on Fetal Growth and Development," Journal of Pediatrics, 70 (Oct. 4, 1982), 39-46.

- PRIDE

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DRUGS THAT DON'T WORK

One of every eight prescriptions a doctor writes is for a drug that does not work. That may be shocking, but according to Sidney M. Wolfe, MD, Director of the Health Research Group, based in Washington, DC, it's true. "Of course," he says, "there are some physicians who never prescribe an ineffective drug." But in 1979 alone, 169 million prescriptions at a cost of $1.1 billion were written for drugs which, by the government's own standards, were not effective.

There is such misunderstanding about what lack of effectiveness means. Take, as an example, a drug prescribed for colds and allergies trademarked Actified. In 1979 over 12 million prescriptions for Actified were filled, costing almost $50 million. "Here the patient is taking two drugs which are mixed together and sold under the name Actified," comments Dr. Wolfe. "One is effective for colds, the other for allergies, but the allergy sufferer doesn't need to be exposed to the cold ingredient, called pseudoephedrine, which can aggravate high blood pressure." According to the report of the National Academy of Sciences Drug Efficacy Study in 1969, using combinations drug products is poor medical practice.

In other cases, the entire preparation has been shown to be ineffective. "In view of the fact that the taking of a drug involves some risk," says Dr. Wolfe, "the patient is being exposed to a danger without the possibility of benefit." A harmless sugar pill is a safer placebo.

The seven most widely prescribed yet ineffective drugs, all accounting for over five and a half million prescriptions in 1979, were Dimetapp (for allergies and respiratory infections); Actified: Donnatal (ulcer and bowel problems); Isordil (heart pain); Mycolog (skin infections and inflammation); Butdazolidin Alka (gout, arthritis aches and pains); and Librax (ulcer and bowel problems).

"In most cases, doctors weren't aware of evidence showing these drugs to be ineffective," says Dr. Wolfe. Drug companies spend millions of dollars advertising their products. Only at the bottom of an elaborate ad, in a tiny box, is the required statement that the drug hasn't been proved effective. "Unfortunately, most physicians pay as much attention to that box as do smokers to the warning on a pack of cigarettes," says Dr. Wolfe.

The problem of ineffective drugs can be very serious. "There is a risk involved every time you take a medication, even aspirin," says Dr. Wolfe. He cites the case of DES (diethylstilbestrol) as a classic example. The drug not only proved ineffective in preventing miscarriages, but also proved to be hazardous to the children of women who took it while pregnant.

Before any drug is prescribed, a physician and patient must weigh together the risks against the possible benefits and make a decision. If you find you are taking a pill that doesn't work, discuss it with your doctor. "Most doctors," says Dr. Wolfe, "respond well to valid information brought to their attention." You have only your health to gain.

- WOMAN'S WORLD

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DRUG HOTLINE

A National Drug Information Hotline (1-800-241-9746) is now in operation to supply parents with information and materials, speaker data and news of conferences throughout the United States. Sponsored by PRIDE (Parents Resources Institute on Drug Education), a national drug resource and education center in Atlanta, Georgia and ACTION, the nation's volunteer agency, the Hotline establishes a network of parents nationwide who are willing to share their successes and failures, as they work toward drug-free young people in their own community. For the first time, parents are now able to reach self-help groups in any area of the country. The line is answered from 8:30 a.m., EST to 5:00 p.m. EST, Monday through Friday by experienced members of the PRIDE staff, along with limited volunteer help.

For additional information, contact Marty Barnes 404/658-2548 or 404/394-3850.

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ELDERLY ALCOHOL AND MEDICATIONS

Although the elderly make up 10 percent of the population, they use 25 percent of all drugs. According to the National Council on Aging, the elderly spend 20 percent of their out-of-pocket money on drugs.

Alcohol, over-the-counter products, and medications have health-threatening side effects. Elderly Americans experience illness, impairment and premature death due to misuse and overuse of alcohol, medication, and over-the-counter products.

People over 50 years of age use 58 percent of all sedatives (sleeping pills), 48 percent of all anti-psychotic tranquilizers, and 42 percent of all anti-anxiety tranquilizers (nerve pills) prescribed. These drugs have the deadliest interactions.

Below is a list of some reported alcohol and drug interactions:

MEDICATION	ACTION	RISK WHEN TAKEN WITH ALCOHOL
Penicillin	Direct interaction in stomach	Lowers blood level of penicillin
Aspirin	Interferes with clotting	Gastrointestinal bleeding
Percodan	Impairs physical and mental abilities	Increases Central Nervous System (CNS) depression
Anesthetics	Reduces metabolism rate other drugs	Increases anesthesia for dry alcoholics
Opiates Morphine	Depression of functions	Increases CNS depression
Stimulants Amphetamines Caffeine Nicotine	Stimulates	Increases deterioration of performance
Antihistamines	CNS action confusion restlessness deterioration	Deteriorates driving performance
Sedatives Barbiturates Seconal Tuinal Non-barbiturates Dalmane	Increases CNS depression	Combination may cause death
Tranquilizers Librium Valium	Increase CNS depression	Combination may cause death
Anticoagulants	Should not be taken with any other drug whether prescription or OTC without doctors knowledge	Alters response to anticoagulant enhances effect which may lead to bleeding
Anti-hypertensive medications		Fainting spells and loss of consciousness

NOTE: CNS is the Central Nervous System

- Source - Prevention Forum

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20 MORE APPLICANTS CERTIFIED

As a result of the January 27-28 taped work sample review and the February 5 oral examinations, 20 more applicants have become certified. Those achieving this distinction are:

Michael Mahoney	ADAD
Rod Robinson	Ashland
Richard Gildroy	Boyd Andrew Service Center, Helena
Michael Kauffman	Boyd Andrew Service Center, Helena
Steve Shumate	Missoula A/D Program
Ray Redfern	Galen AT&R
Harold Patrick	Galen AT&R
George Nelson, MD	Galen AT&R
Joan Cassidy	Community Alcoholism Services, Butte
Jack LeFevre	Rimrock, Billings
Richard Rice	ADAD
Jane Senter	Missoula A/D Program
Robert Ockler	Galen AT&R
Marie Schutt	Providence, Great Falls
Roland Byrd	Community Alcoholism Services, Butte
David Brunnel	Glasgow CDC
Candis Compton	ADAD
Molly Hoiness	Rimrock, Billings
Pam Muirheid	Boyd Andrew Service Center, Helena
Michael Young	Pine Hills School for Boys, Miles City

To these new additions to the certified list, we offer our sincere congratulations.

To those of you who are close, but not quite there, we offer our encouragement to successfully complete the job as soon as possible.

And to everyone we extend our appreciation for your efforts and cooperation.

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ADAD HAS OVER 500 APPLICANTS FOR CERTIFICATION

Ministers	3	
Individual	40	
Probation	7	
Mental Health	19	
Alcohol & Drug Abuse Division	9	
Teachers	11	
Nurses	15	
Private Agency	31	
Students	10	
Volunteers	11	
Unknown	53	
	209	
Not State-Approved Programs:		
Shodair	16	
Sunrise Ranch	4	
Trainees	10	
Northern Cheyenne	2	
Rocky Boy	2	
Veterans Administration	4	
St. Patricks Hospital-Missoula	2	
Comp Care	20	
Lampson	6	
	66	275
State-Approved Programs		240
		515

Of 275 not state-approved program people 12 are currently certified.

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THE MONTANA TEENAGE INSTITUTE ON SUBSTANCE ABUSE
A NEW PREVENTION APPROACH

The Montana Teenage Institute on Substance Abuse (MTI) is a new prevention program developed by Training and Education Associates of Montana under a contract with the Montana Highway Traffic Safety Division. The MTI program is based on a highly successful prevention model operating in the state of Illinois for the past eight years, and is founded on the belief that every human being has the capacity to make sound decisions regarding his or her own life based on accurate information and an understanding of one's self and motivations. The purpose of the Institute is to bring together Montana teenagers and professional resources to share information and to examine feelings about alcohol/drug misuse and related life problems. The process is designed to promote the personal and social growth of youth before they experience severe problems.

Although the Institute focuses on attitudes and feelings as well as information, the program is not intended to serve as a therapeutic setting for individuals presently experiencing emotional or physical problems deriving from substance abuse. All efforts are made to ensure that the institute does not take on the responsibility of providing individual or group treatment.

The Montana Teenage Institute will be held from June 26 through July 1, 1983, at the YMCA Camp Child near Helena. Students must have at least completed their freshman high school year with overall passing grades. The Institute will consist of a series of general sessions and small group workshops presented by professionals in the fields of health, sociology, psychology, religion and social services. The six day Institute will include such topics as: Substance Abuse Prevention Strategies, Alternatives for Leisure Time, The Dynamics of Addiction, Spirituality and Self-Awareness, Problem-Solving and Decision-Making Skills, Community Action Techniques and Positive Self-Image.

Total cost of the Institute is $170.00 per student. This fee includes tuition, lodging, meals and insurance. The cost of transportation to and from Helena is not included. Scholarships will be provided by local individuals and organizations who wish to sponsor a student, and each participating community will be encouraged to send 3 to 5 students to the Institute.

The Montana Teenage Institute was developed as a community prevention program, with emphasis on using existing community resources. An existing agency will be selected as Community Coordinator to work with local schools and sponsors. Local sponsors and coordinators will be expected to assist MTI graduates to organize community prevention and education projects.

MTI information packets have been sent to all state approved substance abuse programs. Additional information is available from Training and Education Associates of Montana, 300 State Street, Helena, MT 59601.

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At Bojangle's Bar, patrons chant "go, go, go" as a young man puffs into the straw of a coin-operated breath alcohol analysis machine. As he scores 0.38 percent he raises his arms in triumph and shouts "A new record!"

- The Wall Street Journal 11/29/82

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I would like to see us redefine drug addiction as a disease of the family.

- Judianne Densen-Gerber, JD, M

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THE ECONOMY, HEALTH CARE COSTS AND ALCOHOLISM

Money is tight. Current economic conditions have brought justifiable focus on containing health care costs in this country. We are concerned that cost-containment decisions may impact on alcoholism more directly than on other diseases.

Three factors call attention to the cost of alcoholism treatment. First, as a country, we are spending more for alcoholism treatment in 1982 than we spent in 1972. This growth in spending raises questions about the necessity for costly treatment. Second, a lingering moralistic attitude toward alcoholism raises further questions about the necessity of treatment with the phenomenon of resistance to pay for a "self-inflicted condition." And, third, mandated coverage paired with a difficult economy has made third party payers particularly aware of treatment costs, focusing their attention on methods of containing these costs.

All of us in the treatment field share an obligation to look at each of these issues, both for our own benefit and for that of third-party payers. We are responsible for acknowledging and understanding these issues and the concern about them by third-party payers. We are also responsible for reviewing our own programs to answer many of the same questions now asked by third-party payers.

It is easy to understand concern about increased spending for alcoholism treatment. But we must counter this concern with a few facts: though costs have escalated over the past decade as awareness has increased, it is also true that in 1979 only $800 million was spent for alcoholism treatment as compared to the $40 billion in costs related to untreated alcoholism.

The second issue regarding resistance to pay for a "self-inflicted condition" is a subjective, rather difficult issue to handle. If we allow a moralistic attitude on the part of the payer to interlock with the denial-based nature of alcoholism, we'll create a scenario in which the alcoholic can easily be diverted from any care at all. It is all too easy to suggest that the alcoholic return home, continue functioning on the job and cut down on the drinking. In contrast, someone suffering from cancer will ask for, or demand, treatment. We must counter this attitude through continued efforts to educate and inform our constituents about the nature of this illness and the tremendous numbers of people affected by it.

Couched within lingering moralistic attitudes toward alcoholism is another very serious issue. There is an increasing trend to impose a limit of two treatments for alcoholism in a lifetime. This has already been adopted by some employers and may be the trend we will see in federal reimbursement programs.

Where else do we have limits on the number of treatments in a lifetime for other chronic conditions such as diabetes or heart disease? The patients we see in treatment centers frequently have had treatment at least once previously. More than fifty percent of the younger patients, under age 25, have had previous treatment. Would it be fair or humane to prevent that person from having treatment if they needed it sometime later in their lifetime? We are all aware of many alcoholics who have recovered from alcoholism after multiple treatments! Should we sacrifice them in the name of cost containment? Or should we develop other approaches to limiting the cost of care, e.g., incentives for low-cost providers?

The third issue, mandated coverage for alcoholism treatment, has caused third-party payers to question and ask for justification of many facets of treatment. Are patients in the appropriate treatment program? Do they stay longer than necessary? Does each patient really need to be in a 21 or 28-day program? To answer these questions, third-party payers are using tools such as pre-admission authorization and utilization review programs.

Though a rude awakening for the chemical dependency field, justification for admission to treatment, utilization review and withholding payment for services rendered is not new to the health care scene. Justification for treatment must be carefully documented. Our historic resistance toward documentation, particularly when demanded by external agencies, must

THE ECONOMY...(Con't)

change. We must demonstrate that we treat the individual problems of the individual human being without super-imposing an inflexible structure on that person's disease.

A decade ago we had to convince the world that the alcoholic needed, deserved and would benefit from treatment. Now we have a new job to do. We must convince the country that treatment for alcoholism not only works, but is a good investment. We must do our share in providing quality programs at the lowest possible price.

- PROFESSIONAL UPDATE, HAZELDEN

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PROGRAMS FINANCIAL POSITIONS REVIEWED

Because of the projected short-fall of 85/15 funding in FY83, the Division provided onsite reviews of a few programs that appeared would be in a precarious financial position by the end of the current year.

The financial reviews of expenditures and revenues pointed out similar problems that may be found in other programs.

For the most part all programs reviewed were not making unnecessary expenditures in any budget category with the exception of travel.

It appears that many programs could considerably reduce their travel costs if they would analyze the need for intra-county travel. While multi-county programs must serve each county within their program it is not necessary to travel to every town in each county or even to make weekly trips to county seats in small counties. A motivated client will travel the distance to receive quality services as he or she does to receive other social services that are only available in the county seats.

The only major revenue recommendation for programs reviewed was in regard to client fees. Fee schedules were too low or needed updating and programs are not aggressively pursuing fee-for-service with all clients; too many clients are slipping through the crack. Very few clients do not have the ability to pay something.

For whatever reason many programs are still unable or unwilling to aggressively pursue fee-for-service.

Any programs concerned about their financial position are encouraged to contact Darryl Bruno at the Alcohol and Drug Abuse Division (449-2827) for assistance.

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NATIONAL REGISTRY TO INCLUDE PERSONS CERTIFIED IN MONTANA

The National Commission on Credentialing of Alcoholism and Drug Abuse Counselors, Inc., will soon publish a National Registry of Certified Counselors. The names of all persons certified in Montana as of February 8, 1983, will appear in the Registry. The date of publication was not stated in the request for the above information. We assume, however, that it will be as soon as possible after receipt of all state listings.

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RESULTS OF EVALUATION STUDY REVEALED

By - Norma Jean Boles

A study of alcohol and drug program evaluations conducted since implementation of the revised Rules and Regulations and the corresponding Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs on January 4, 1982, revealed similar deficiencies and trends.

The average scores for all sections and care components are as follows:

- Program Administration and Management - 85%
  (32 programs participated)
- Personnel Management - 85%
  (32 programs participated)
- Client Treatment
  - Outpatient - 76%
    (37 alcohol and drug components)
  - Detox - 72%
    (4 programs)
  - Inpatient - 92%
    (both hospital and free standing
    - 4 A&D programs participated)
  - Intermediate Transitional Living - 79%
    (8 A/D programs participated)

Deficiencies noted in over half of the programs evaluated included:

° Documentation of Certification status	51%
° Personnel files containing all required items	54%
° Policies & Procedures governing all components	62%
° Record retention	62%
° Program self-evaluation efforts	76%
° Follow-up systems	59%
° Reported vs Documented census	50%
° Demonstration of Program effectiveness	59%
° Treatment plan updates	61%
° Discharge Summaries	61%
° Individual Case Reviews	61%
° Relationship between notes and plans	65%
° Quality of treatment plans	76%
° Reporting error rate	83%

While lower scores, due to deficiencies on new requirements, were expected, the results of the evaluation study revealed scores at a lower rate than even anticipated. It is apparent from the study that items which have always been required are still accounting for the majority of deficiencies. This fact is disturbing.

Attention to all of these deficiencies, particularily accuracy in submission of ADAD forms and reporting of census, would be appreciated by ADAD. Expanded use of the evaluation manual may be helpful to some programs.

If you have any questions or comments regarding this study, please call Norma Jean Boles at the Alcohol and Drug Abuse Division.

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A study from Temple University found that more accidents occur where there are fewer bars and taverns...the chances of having an accident increase the farther a person must drive to get liquor.

- USA TODAY / 12/3/82

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STATEWIDE TRAINING TASK FORCE MAKES RECOMMENDATIONS

A training task force was assembled in Helena for a two-day meeting on January 5 and 6, 1983. Representation on the task force consisted of program directors and counselors with at least two members from each region in the state.

The purpose of the task force meeting was two-fold:

- Determine what and how training should be provided in the state during the remaining months of FY83 with the budget balance remaining in the State Training Support Program grant.

- To determine the most cost effective way of providing training in the future considering the loss of federal training funds and decrease in personnel at the Division level.

It was recommended by the task force that four specific training subjects be considered this year: Family Treatment, Management and Supervision, Group Process, and Counseling skills as applied to chemical dependency.

The task force also recommended that bids be solicited from the programs by the State up to $200 per training subject with a training event for each subject held in the east and west.

On the future of training in the State it was recommended that the Division continue to assume responsibility for the following:

- Act as a clearinghouse for collection and dissemination of training information;

- Revise and publish training resource directives;

- Interface training activities with certification;

- Coordinate training activities upon request;

- Act as a liaison coordinating the ongoing regional training committees as requested.

The Division believes that the task force resolved numerous training issues for this fiscal year as well as the future.

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MISSOULA COUNTY ESTABLISHES TASK FORCE ON DRINKING AND DRIVING

The Missoula City-County Health Department has negotiated a contract with Highway Traffic Safety to establish a county-wide task force on drinking and driving. Frances Alves and Mike Wood have been very active in soliciting input from the entire community on a variety of issues. Ten categories were identified and brainstorming was done on each to develop an action plan. To date three committees have been established and are now active: legislative issues, law enforcement and education. The legislative committee has been very active in lobbying for DUI bills in Helena; the law enforcement committee is sponsoring a one-day training for criminal justice personnel. They can handle up to 300 people at their April event. If you are interested call 721-5700. Frances Alves, project coordinator, says the results are great, "People who wouldn't ever talk to each other, now talk regularly.

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ESTIMATED CONSUMPTION OF TAXED ALCOHOLIC BEVERAGES U.S. GALLONS OF ABSOLUTE ALCOHOL PER PERSON POPULATION 18 AND OLDER (1975 - 1980)

		Distilled Spirits	Rank	Wine	Rank	Beer	Rank	Total	Overall Rank
1975	Montana	1.28	(24)	0.23	(36)	1.76	(7)	3.26	(17)
	National	1.22		0.37		1.27		2.86	
1976	Montana	1.24	(24)	1.24	(30)	1.80	(4)	3.27	(12)
	National	1.19		0.37		1.25		2.81	
1977	Montana	1.29	(20)	0.26	(31)	1.82	(5)	3.37	(11)
	National	1.19		0.38		1.29		2.86	
1978	Montana	1.28	(23)	0.24	(29)	2.13	(4)	3.65	(12)
	National	1.20		0.35		1.51		3.06	
1979	Montana	1.14	(27)	0.47	(12)	2.51	(1)	4.11	(5)
	National	1.13		0.35		1.64		3.12	
1980	Montana	1.14	(28)	0.39	(18	2.23	(5)	3.77	(12)
	National	1.13		0.38		1.69		3.20	

SOURCE: National Status Reports, published by National Institute of Alcohol Abuse and Alcoholism; 5600 Fishers Lane; Rockville, MD 20857

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TEENAGE DRIVING AND DRINKING ACCIDENTS

AGE	Percent of US Drivers by Age-1979	MONTANA (1980-81) Percent by Age Group All Accidents (Alc. and Non-Alc.) All	Fatal	MONTANA (1982) Percent by Age Group Alc Related Accidents All	Fatal
15-19	8.4	22.6	17.2	18.3	17.9
20-24	13.4	19.7	19.6	24.6	27.9
25-34	24.2	24.0	28.6	30.4	27.9
35-44	16.8	12.5	13.8	13.9	10.0
45-54	14.6	8.1	8.3	6.5	7.1
55-64	12.4	6.4	6.1	4.3	3.6
65-74	7.9	3.8	4.4	1.4	3.6

SOURCE: Highway Traffic Safety Division
Department of Justice
State of Montana
Capitol Station
Helena, MT 59620

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